



MSA-1 CONSENT FOR SERVICES

POLICY:

A signed consent form must be obtained upon entry into the Title X program indicating the client's request for and acceptance of services.

PROCEDURE:

General Consent for Services

The Request to Receive Family Planning Screening Services form must be signed and dated by client prior to receiving services or being prescribed contraceptives.

1. If the client is unable to read the consent, it must be read to him/her. If the consent has been read to the client or if the client is unable to sign due to physical disability or illiteracy, this must be documented in the client's medical record.
2. If the client does not understand English, the consent must be translated into his/her appropriate language either through the use of an interpreter on site or through the telephone translation service. The name of the person/service providing the translation must be documented on the form. (See PA-32 Services for Limited English Proficient Persons)
3. If the client is developmentally disabled and accompanied by a full guardian, the client and the guardian must sign and date the consent form. (See PA-20 Services for Developmentally Disabled Clients)
4. The consent form should include the following:
 - a) a statement indicating the client's voluntary acceptance of the clinic's services
 - b) a statement that receipt of Title X family planning services is not a prerequisite to receive other services offered by the clinic
 - c) an explanation of (potential) clinical services
 - d) a statement of confidentiality which includes a release for treatment, payment and clinic operations (See PA-16 Confidentiality)
 - e) a reference to the notice of privacy practices and how the client may obtain a copy

Informed Consent (for special procedures, IUD/IUC, Implants)

1. Documentation of informed consent must be included in the client's medical record for any/all clinical services.
2. Elements of informed consent include:
 - a) the nature of the decision/procedure
 - b) client understanding of the risks and benefits for the clinical service provided
 - c) reasonable alternatives to the proposed service
 - d) assessment of client's understanding
 - e) client's acceptance of specific service
3. Informed consent form must be signed, witnessed, and dated before the initiation of services.



HIV Screening Consent

1. Screening for HIV and HIV-related conditions should be provided as indicated by client request or with evidence of increased risk for infection.
2. Refer to the North Dakota Department of Health, Division of Disease Control, HIV policy for counseling and testing.